



AzzTech Dental Lab

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Visit Us at www.AzzTechDentalStudio.com

Today's Date	Due Date	AM
		PM

Phone _____

Doctor's Name _____

Patient's Name _____

Age _____

Male

Female

Teeth Numbers

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

CROWN AND BRIDGE

RESTORATION TYPE:

- PFM
 FGC
 CapTek
 Diagnostic Wax-up

ALLOY TYPE:

- Non-Precious
 Semi-Precious
 High Precious

METAL DESIGN:

- Metal Margin
 Porcelain Margin
 Metal Occlusal
 Metal Lingual

TRY-IN:

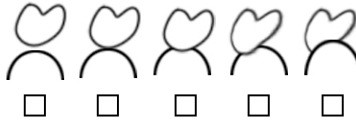
- Frame Work
 Bisque
 Die Trim

ALL CERAMIC

RESTORATION TYPE:

- Empress
 E-max
 Lava
 Zirconia

SELECT ONE:



IF INSUFFICIENT ROOM:

- Reduce & Mark Prep
 Reduce & Mark Opposing
 Reduction Coping
 Call Me

Neck	<input type="checkbox"/>	Shade Guide _____
Cervical	<input type="checkbox"/>	
Dentin	<input type="checkbox"/>	
Gingival	<input type="checkbox"/>	
Dentin	<input type="checkbox"/>	
Mid Body	<input type="checkbox"/>	
Inter	<input type="checkbox"/>	
Proximal	<input type="checkbox"/>	
Incisal	<input type="checkbox"/>	
Incisal	<input type="checkbox"/>	
Edge	<input type="checkbox"/>	

Stamp Shade Teeth # _____ ST _____

Rx Instructions

INCISAL TRANS:

- Minimal 0.5
 Modest 1.0
 Max 1.5

Signature: _____

License: _____